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CONFIRMATION NO. 2651

<b>SERIAL NUMBER</b> 10/668,918	<b>FILING OR 371(c) DATE</b> 09/23/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 59013-331609
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**APPLICANTS**  
 Clifton A. Alferness, Redmond, WA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/367,346 02/13/2003 PAT 6,893,392 which is a CON of 10/084,806 02/25/2002 PAT 6,544,168  
 which is a CON of 09/696,651 10/25/2000 PAT 6,375,608  
 which is a CON of 09/483,466 01/14/2000 PAT 6,165,122  
 which is a CON of 08/935,723 09/23/1997 PAT 6,077,218  
 which is a CON of 08/720,556 10/02/1996 PAT 5,702,343

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/16/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged  
 Examiner's Signature SE Initials

**ADDRESS**  
 25764

**TITLE**  
 Cardiac reinforcement device

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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